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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Excisions of the Head of the Femur.—Four cases in which excision of the head of the Femur has been recently done in the London Hospitals are all promising to give good results. The boy formerly mentioned, under the care of Mr. Hancock, in the Charing Cross Hospital, has quite recovered; and the one under Mr. Erichsen's care in University College is doing well. The third, a boy of about five years, under Mr. Ure's care in St. Mary's, is so well as to be able to get out of bed, though the limb operated upon is, of course, not yet useful. We might fairly say of this and of Mr. Erichsen's that although in both much swelling about the hip still exists, it has not been found practicable to keep the limbs in good position, yet the relief to the irritation of the system, etc., by the operation, has been most marked. The patients are both of them emaciated little boys, and great difficulty has been encountered in so applying the straight splint as to keep the limb in a line with the body. Indeed this difficulty of managing the limb afterwards constitutes one of the greatest drawbacks to the operation as compared with other excisions. Were it possible to fix the part as completely as in the case of the knee-joint, and at the same time allow the patient a little freedom to change position, etc., we have no doubt that resections of the head of the femur would do much better, and find much greater favour with the profession. The fourth case is one in which Mr. Stanley operated about a fortnight ago at St. Bartholomew's. The patient is a lad of 13, whose health was rapidly failing under advanced disease of the articulation. Since the resection he has done very well. The limb is in excellent position, and although the discharge is very profuse, yet he seems to

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be improving in strength.—*Med. Times and Gaz.*, April, 1857.

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Oblique Fracture of the Leg: Section of the Tendo Achillis.—Two cases, at present in Guy's Hospital, under Mr. J. Birkett's care, illustrate the advantage derived in some cases from section of the tendo Achillis in oblique fracture of the leg. In each case there is a fracture of both bones of the right leg, that of the tibia running very obliquely downwards and inwards. The lower fragment, being tilted forward by the action of the gastrocnemius upon the heel, causes a projection on the skin at the upper end of the fracture, although the subcutaneous surface of the bone is quite regular. In one case (that of a boy), the fracture has been treated merely by position and extension. In the other, an old man, in whom the projecting lower fragment was very nearly through the skin, the tendon was divided; and the result now is that, notwithstanding his age, and the greater severity of the injury, the prominence, though perceptible, is not nearly so great. In both patients, the foot is of rather a peculiar shape, and the heel very prominent.—*Ibid.*

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Singular way of attempting the Reduction of Hernia.—An old remedy for the cure of obstruction of the bowels was the swallowing of a portion of mercury, which was to force its way through the affected parts, to dilate the stricture or uncoil the twisted intestine; and occasional instances of the success of this rough plan are found in writers on the subject. The same principle was illustrated in an extraordinary manner in the case of a patient examined after death at Guy's Hospital the other day. This was a woman who had been suffering from strangulated femoral hernia during five days before her admission. The hernia was, with some difficulty, reduced by the taxis. Shortly afterwards diarrhœa came on, under the exhausting effects of which she gradually sank. It was noticed that she passed a good quantity of small shot in her motions; and on interrogating her, it was found that she had been recommended by some friend to swallow a spoonful of shot, in order to force open the passage of the bowel. After death, numerous grains of shot were found firmly impacted in the appendix cæci vermiformis.—*Ibid.*

Cancer of the Testicle in an Infant.—On last Tuesday week, at the Metropolitan Free Hospital, Mr. Hutchinson excised the testicle of a child on account of medullary cancer, and partly from the very early age of the little patient, the case was of much interest. He was a stout, well-grown boy, of two years and three months, still at the breast. The disease having been first noticed ten months ago, he could at the time of its commencement have been scarcely a year and a half old. Two of his father's sisters had died of cancer of the breast. The testis was enlarged to the size of a fist; the opposite being not larger than the tip of a finger. It was rounded and tense, and in most parts the skin of the scrotum adhered to it. Numerous enlarged veins crossed its surface; no enlargement of the lumbar glands, or thickening of the cord, could be detected on careful examination. Mr. Hutchinson stated that he felt very confident in the diagnosis; but in order to remove all doubt, immediately previous to the operation (the child being under the influence of chloroform), a grooved needle was thrust into it, and the soft matter which it brought out placed under a microscope which stood by. This showed well characterized cancer elements, and the operation was at once proceeded with. A considerable portion of the scrotum was removed, and the incisions were made to extend far back under the most depending part of the tumour; the object being to provide a free escape for the matter which would have to form. The structures of the cord, which was quite healthy, were included in a single strong ligature. No other arteries required ligatures. Mr. Hutchinson stated that he had encountered so much trouble from bleeding occurring a few hours after the operation, where the vessels of the cord only had been tied, that in this case, from the age of the patient, where the vas deferens and other structures were but little developed, and the cord thin, and where also blood was of great consequence, he preferred to adopt the old practice of tying the cord *en masse*. The specimen, after removal, was an excellent example of medullary cancer. No trace of the gland structure could be seen. There did not appear to have been any inflammation about it; nor were there any extravasations of blood into its structure—facts which corresponded with the history of its growth having been quite painless.

With regard to the age of the patient, we believe that the case gives us an example of one of the youngest on record. When cancer does occur in childhood, it is generally located either in the bones or the eye; and it is very rare indeed for an organ like the testis, then little more than rudimentary, to be attacked.—*Lancet*, March 14, 1857.

Cure of Vesico-Vaginal Fistula.—There is now in the Samaritan Hospital a very interesting case under the care of Dr. Snow Beck, in which a vesico-vaginal fistula of twenty-three years' standing has been completely cured. Dr. Beck adopted a novel plan, namely, by destroying the callous edges of the fistula with the galvanic cautery, removing the slough by scraping a few days afterwards, and bringing the raw edges together by hare-lip pins and sutures. The woman was carefully examined last Tuesday by Dr. Paget and Mr. Spencer Wells, and the union appeared to be perfect, six days after removal of the pins. We shall give a fuller account of this case in a future number.—*Med. Times and Gaz.*, April 4, 1857.

Rupture of the Perineum.—J. Baker Brown, Esq., operated, on Feb. 18th, at St. Mary's Hospital, on his *fiftieth* case of ruptured perineum. The case was one in which the sphincter had been torn completely through, and the anus and vulva thus laid into one cavity; in fact, the most formidable variety of this affection. The operation was done in the manner usual with Mr. Brown; *i. e.*, by paring a large triangular piece on either side, with its apex at the anus, making two incisions through the sphincter, leading obliquely backwards from the anus, and uniting the parts by means of two quilled sutures passed deeply through the parts, and interrupted sutures to the edge. The after treatment consists in bringing the patient rapidly under the influence of opium (a dose of two grains being given immediately after the operation, and one grain every six hours subsequently), and allowing generous and nutritious diet from the time of the operation. The urine is to be drawn off frequently, to avoid the risk of any running over the wound by accident, and getting between its edges.—*British Med. Journ.*, Feb. 28, 1857

Traumatic Cataract of Forty Years' standing. Extraction and Restoration of Sight.—A man, aged 49, was admitted under Mr. Bowman's care all but blind. His left eye had, during the last year, become amaurotic and sightless, and his right was the seat of a dense white traumatic cataract, the result of a stab with the prong of a fork forty years ago. He could but just discern light from darkness. After examination with the ophthalmoscope it was evident that nothing could be done by treatment for the amaurotic eye. The man stated that since the accident to the right he had, until the last year, enjoyed perfect vision with the left. Mr. Bowman determined to perform extraction in the right. This was done by a modified operation through a small opening in the cornea. With glasses, the man can now see well, and can read the smallest type. The case is of interest in showing for how long a period the retina in the cataractous eye will retain its functional integrity.—*Med. Times and Gaz.*, March 14, 1857.

Use of Sutures in Strabismus.—The operation for squint has of late been much discussed, and the subject brought before the professional public. Mr. Haynes Walton modifies his accustomed operation by the use of sutures to bring the divided conjunctiva together. It is probably well known that he incises the conjunctiva to a very limited extent, close to the cornea, and endeavours not to interfere with the cellular ocular sheath, believing that by such a course prominence and eversion of the eyeball are prevented. He is very much pleased with his recent practice, which, we understand, is not uncommon on the Continent. The dropping of the caruncle, and the slight vacancy at the inner corner of the eye—effects more or less visible in the majority of cases, but seldom much marked in his style of operating—almost disappear under the suture system. It might be thought that the stitches would produce irritation, and so act injuriously, the suspicion of which long deterred Mr. Walton from employing them. They are not in any way prejudicial. There is just one little practical matter that should be observed, namely, to insert them at the very edge of the cut, in order that the conjunctiva may not be made tense. The needle should be round rather than flat, because if the edges or sides are even moderately sharp they will

cut out of the membrane. Mr. Walton employs two stitches, and allows them to remain two or three days. It would hardly be supposed that union by the first intention would occur; but it really does, when the edges of the incision are carefully adjusted; and this is no difficult matter. Instead, therefore, of an open wound, with the probable occurrence of fungous vegetations from the one or other of the sides of the retracted membrane, and redness of the eye for a long period, there is a rapid and complete union, and early loss of the violence of the operation, besides the other important advantage that has been mentioned.—*Lancet*, March 28, 1857.

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Glycerine and Borax in Cracked Tongue.—Dr. Brinton has under his care an inveterate cracked tongue, which (like that of the late Charles Mathews) had baffled all attempts at alleviation for many years. It could not be referred to any syphilitic poison, and rendered eating, and especially speaking, very painful. Dr. Brinton made use of a favourite remedy of his in such cases, viz., borax dissolved in a lotion of glycerine (Price's Patent Candle Company's) and water (two scruples, one ounce, and four ounces respectively). It at once gave marked relief; and after a few days, during which it was the only remedial agent, the improvement seemed increased by iodide of potassium and bark, taken internally. The patient has now considered himself well, and discontinued the lotion for some weeks, and the cracks are only visible as depressions in the mucous membrane.—*Lancet*, March 28, 1857.

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Affections of the Sheaths of Tendons.—M. Thierry recently drew the attention of his class to an affection of the sheaths of tendons, described by Velpeau under the name of Ai, and observed in workmen who employ twisting movements and wield heavy hammers. Thus, gold-beaters and rope-twisters are liable to it. On feeling the region which is swollen, or putting it into action, a sensation of crepitation is imparted, like that felt by crushing snow between the fingers. Its seat is the tendinous sheaths of the muscles of the forearm, especially of the extensor and abductor pollicis, and the radialis externus. The affection may be cured in about a fortnight by the application of compresses, moistened with the essence of turpentine, and kept on by means of a moderately tight bandage.—*Moniteur des Hôpitaux*, 1856, No. 104.

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Enucleation of Uterine Tumours.—There is at present under the care of Dr. Oldham in Guy's Hospital, a very interesting case in which the propriety of attempting the enucleation of a large fibrous tumour of the uterus has been under consideration. The tumour projects into the vagina but also extends upwards nearly as high as the umbilicus. Repeated hemorrhages have occurred, but the woman is as yet in fair health. In some remarks upon it, Dr. Oldham stated to the students, that although he had seriously thought of it in this instance, yet surgical interference with these tumours in a general way he regarded with much dread. Very few attempts had been made in English practice, and of those in the Paris Hospitals he believed a large majority had proved fatal. At any rate, he thought the rule should be never to meddle excepting when the hemorrhage was so profuse as to endanger life. He had no faith whatever in the so-called absorption of fibrous tumours, but of this there was no doubt, that they not unfrequently became quiescent and ceased to be the source of trouble. Further, they might also be spontaneously cured by sloughing out, an event, however, of great rarity. The patient has derived great benefit from a six weeks' rest in the recumbent position, and we believe that for the present Dr. Oldham intends to defer the operation contemplated.—*Med. Times and Gaz.*, Nov. 29, 1857.

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Urethral Lithotomy.—Three weeks ago Mr. Ward in the London Hospital performed the modified urethral lithotomy operation recently known as Allarton's. The patient was a delicate boy of 4 years of age. Two small stones were removed and the case has done well. The prostatic urethra was dilated sufficiently to admit the operator's forefinger. It is needless to say that the operation was admirably performed. Mr. Ward has hitherto been a staunch advocate for the straight staff and Key's knife, and this is the first instance in which, in public at least, he has deviated from their use. He stated as his reasons for doing so, that the simplicity of the urethral mode seemed to claim for it a trial. He was pleased with it, but did not think that it required at all less

skill or regional knowledge than the ordinary operation. He had found no difficulty in thoroughly exploring the bladder with the finger. The great difficulty of accomplishing this satisfactorily must, however, we fear, be cited as a serious objection to the method. Two cases have recently occurred in the London Hospitals in which operators have left small calculi in the bladder, having in each instance avoided the incision of the prostate.—*Ibid.*

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What are Internal Hemorrhoids?—Preparatory to entering upon any questions as to their treatment we must a little clear the way by a few words as to the real nature of internal hemorrhoids. That "internal piles," in their ordinary form, are dilated or varicose veins of the anus, may now safely be pronounced a relic of bygone and very mistaken pathology. If cut across they bleed most profusely; but the hemorrhage is arterial, not venous; and if tied, there is little or no risk of phlebitis. On dissection they show scattered, small, venous cysts, but these are minute in proportion to the mass; and should a large coagulum be found, it has more the appearance of being the result of extravasation than the contents of a varix. They are not at all more liable to occur in those who suffer from varices in the legs, etc., or varicocele, than in others. The *dilatatio venarum* theory has, indeed, been specifically renounced by most of the recent teachers and writers on the subject. Mr. Salmon is very positive in his opinion on this point, and he is supported to the full by Mr. Ashton and Mr. Syme. And here the distinction between external and internal piles must be borne in mind; the former, a rare and comparatively unimportant form, are admitted by all to be venous. External piles have, when the skin is thin, the uniform bluish tint of a vein, which cannot well be mistaken, while the purple colour of the internal one rather resembles that of the intense congestion of almost strangulated mucous membrane. External piles may be snipped off, and there is no danger of bleeding after the vein has once emptied itself; internal ones, if cut away, bleed continuously and profusely, and their hemorrhage, as just stated, is arterial, not venous.

We come, then, to the question, What are internal hemorrhoids? and to this the answer must be, that they consist of prolapsed folds of the mucous membrane lining the sphincter, extremely vascular and hypertrophied and thickened by long constriction. In children the parts about the rectum, the sphincter, etc., are lax, and the mucous membrane is very loosely connected to the muscular one; hence their liability to large prolapse, which in them always comprises the whole circumference of the bowel. In adults, however, the sphincter is more firm, and the mucous and muscular coats much more closely connected; hence the great rarity of circular prolapse. From the necessity that the mucous membrane lining the sphincter itself should be capable of wide dilatation during defecation, an arrangement has resulted, however, by which during the closed state of that muscle, it is thrown into longitudinal folds, which are smoothed out when it opens. Between these folds, which, first described by Morgagni, are known as Morgagni's columns, the mucous and muscular coats are more closely united to each other, whilst beneath them, the intervening cellular tissue is, of course, loose. These columns vary in number from three to six. By reference to this arrangement, the reason why extruded piles almost always present the appearance of being divided into lobes is easy to be assigned.* Mr. Salmon defines piles as prolapsed Morgagnian columns, hypertrophied and rendered vascular by constriction, and states that their division into segments corresponds in number with the number of the columns in the individual. Thus, then, we have it clearly explained upon anatomical grounds why children almost never have piles, and why adults so very rarely have circular prolapse, and also why adults who have circular prolapse never have "piles," as a complication; the latter fact being one, which, upon the old view of their being distinct conditions, it would be very difficult to account for. We have already adverted to the importance, in respect to treatment, of this view of their nature, and how well it coincides with the results of practice. No one would fear ill consequences from tying up a mass of congested and thickened mucous membrane, while every surgeon would shrink from the risk attendant on putting ligatures on bunches of inflamed veins.†—*Med. Times and Gaz.*, March 21, 1857.

* It is this division in lobes which has so much strengthened the idea of their being dilated veins.

† It is but right to state that the reader will find opinions widely differing from the above, as

Hemorrhoids in a Child.—It is a very unusual circumstance indeed to meet with piles in a child, but especially of any magnitude; yet, on the 4th ult., a boy three years old was brought to Mr. Erichsen, at University College Hospital, with an external pile, the size of a small filbert, on the left verge of the anal aperture, which he had had for some time. It was snipped off with a pair of scissors and a bleeding vessel tied, no chloroform being given. Hemorrhoids are really uncommon until the age of puberty. Mr. Ashton mentions, in his work on the Rectum, the case of a child under two years of age, under his care, suffering from several external piles, and refers to others in children of five and seven years of age, in the former complicated with stone in the bladder. Mr. Curling states that they rarely occur before puberty. Whilst on the subject of piles, we may refer to a case, some months back at King's College, in which we saw Mr. Fergusson excise a pile from an elderly man, which, on slitting up, contained a clot of blood the size of a pea. Sometimes the simple slitting up of a pile will produce a cure, but it may be necessary to do it a second time to the same pile. In this patient there was also a fissure of the anus, which was remedied by cutting through a portion of the sphincter ani.—*Lancet*, March 7, 1857.

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Clinical Lectures on Paralysis. By Samuel Solly, Esq. Lecture II.—In my last lecture I referred to a case of paralysis, which I considered so instructive that I feel no apology is necessary for again introducing it to your notice, although it has not occupied a bed in the hospital. The diagnosis was obscure, and at first there was no palpable cause of the paralysis: the history gave us the clue. This history is peculiarly instructive. It will show how an injury, which at the time of its occurrence being thought lightly of, was ultimately the cause of much suffering and distress. It will be a warning to you to treat seriously all severe blows on the spine, and to give a guarded prognosis as to the future. It shows also that the advent of serious symptoms in such cases is very varied, and sometimes so obscure that the real nature of the disease may easily be mistaken and misunderstood.

H. P——, a stout, tall, muscular man, aged 56, of regular, temperate habits, in comfortable circumstances, and free from any serious causes of anxiety, first consulted me, by the advice of his usual medical attendant, Mr. Carpenter, of Croydon, on the 24th of January, 1856: from him I principally obtained the following history: He has suffered, for the last eight or nine years, from a relaxed condition of the mucous membrane, at times affecting the bowels, but more especially the throat and bronchial membrane. In 1851, there was a great deal of general debility and rheumatism, and he was then much benefited by the baths at Buxton. In 1852 he was still out of health, and took riding exercise. In September of the same year, when near his own door, and sitting carelessly on his horse, the animal suddenly started, and threw him on the ground, striking the loins violently. He rose, almost at once, and, declaring himself but little hurt, walked home. But after an hour or two he experienced violent pain in the loins, lower part of the back, and stomach; and he was lifted into bed with difficulty. For a few days the lower limbs were almost powerless, and slightly numb. His bowels would not act without medicine, and appeared to him to be partially paralyzed; his medical attendant at the time told him it was so. Frequent use of the hip-bath restored him rapidly, and within a fortnight he resumed his usual active habits, feeling no effect whatever from the accident. Indeed, so complete apparently was the recovery that he forgot the accident, and never attributed his present condition in any way to its occurrence.

About a year after this he stumbled in going down stairs, missed his footing, but recovered himself by great muscular exertion. He felt the jar of this very much at the time, and I have no doubt of this second accident having contributed to the mischief from which he afterwards suffered.

The next circumstance in his life that should be referred to as possibly bearing on his symptoms is, that he was called upon, by the death of his managing partner, to take a very active share in his business, both mentally and physically; in fact, that more work was thrown upon the brain than it had been accustomed to. In addition to this, he

to the nature of internal hemorrhoids, in the works of Mr. Curling and Mr. Quain. That dilated veins are sometimes met with, constituting internal piles, is fully admitted, and we shall have to advert to that form of disease very shortly; we believe, however, that it is exceedingly rare and exceptional.

moved from a healthy, airy situation to a damp and confined locality, and with it a total change of habits as to exercise and recreation. He worked hard for rather more than two years, when his health began to give way; that was about June, 1855. He became at times restless, excited, and unnaturally irritable, yet refusing to take any relaxation; very sensitive to sudden sounds or to jolts in a carriage, however slight, and was out of spirits about his own health.

August, 1855. He complained of pain and stiffness in the neck, which was attributed to a cold caught by sitting in a draught, and was treated as such with lotions and embrocations as for a stiff neck. The pain fluctuated, but neither it nor the stiffness ever entirely subsided. Flying rheumatic pains attacked him, and his whole state of health and spirits gave great anxiety to his family. Not yielding to the medical treatment which was adopted, he very reluctantly agreed to go to Brighton for a week. With the first day's rest, he seemed to break down. The rheumatic pains about the back, chest, and limbs, became very severe, the stiffness in the neck increased, and in about a fortnight afterwards he became subject to spasms round the loins, which he described as clipping him, and was attributed to a loaded state of the colon. The bowels were sluggish and flatulent. The spasms abated a little after a course of aperient medicine, but they never subsided till towards the end of July, 1856. The rheumatic pains ceased in December, but the limbs became more and more powerless, and the stiffness of the neck increased. A blister was applied, which relieved him for a few days only. Mustard poultices were tried in the region of the spasms, and several embrocations, some containing chloroform, but without any effect. The bowels never acted without medicine, and even then they appeared to him to act without any control or will of his own, but as if the feces came away simply by their own weight. The urine at this time became turbid. The sleep at night was very disturbed from pain, and was accompanied by profuse perspirations, which became very offensive.

A slight rally enabled Mr. P—— to leave Brighton, and return home, but he then became rapidly worse, all the above named symptoms increasing in intensity; the countenance became drawn, the complexion livid, the look when asleep very distressing, the lips and eyelids unclosed and drawn as in a dying man. His intellect was as clear as ever, but he could not attend to business without producing headache, flushing of the face, and a quickened pulse, and when over, immediate sleep, as if from exhaustion. At this time, though usually extremely cheerful, he could not bear the sound of more than one voice, and anything like a discussion was most distressing.

Up to this period, the remedies were directed to his general health. A pill containing a small quantity of mercury, to act upon the liver, hydriodate of potash after every meal, cod-liver oil and quinine, and a sedative at night of aconite and cajeput oil. Mr. Carpenter, who saw him at this time (Dec. 29th), has thus described his condition:—

"As I entered the room, he rose, by the assistance of his hands upon the sofa, and jerked himself into the erect posture; he then walked forward a step or two, slowly and steadily, as if balancing himself upon his legs, with the feet somewhat separated. Whilst speaking to him, he had a spasm, which caused him to exclaim. This he referred to his sides. When he sat down again, it was with a sudden drop, and if he wished to lay down on the sofa, he was obliged to raise his legs into the horizontal posture by means of his hands, or by his attendant's assistance. When he had been in the recumbent posture for a short time, his limbs became stiff, as if the joints were rusty, and he was obliged to have them moved before he could use them himself. His nights were disturbed with frequent spasms, some of them producing a complete shriek. They were increased if he tried to lay on his side, especially on the right. I also noticed at this time a certain degree of tremulousness in his speech, with a certain amount of restlessness, which, after a few days of careful watching, led me to fear the supervention of general paralysis. Every unfavourable symptom was aggravated by any exercise of the mind, and the least attention to business was followed by a greater want of power. His flesh felt firm, and the pulse was quite regular and steady, about 74; tongue clean; skin moist."

This gentleman, in continuation, remarked: "There was now and then sudden loss of power in the right leg and arm, which soon passed off, but it left a weakness and numbness for some time."

It was about this time that I was first called in by the earnest wish of the gentlemen in attendance, for neither the patient nor his wife, who is a remarkably intelligent woman, were at all alarmed by these symptoms. They regarded them as simple indications of disturbed digestive organs, and rheumatism, and, as they have told me since, that when Mr. C—— first hinted at paralysis, they thought it was the error of a young practitioner. Now, however, they are aware how much they owe to his careful observation.

When I first saw this case I found it very difficult to determine in what portion of the nervous system was the disease on which the paralysis depended. There was much that pointed to the brain as the seat of the disease, viz., the unnatural irritability, and inability to attend to business; but these symptoms, as I have already mentioned, I have often seen accompanying disease and disturbance of the spinal cord, especially in its early stages. The spinal cord is never seriously affected without the brain sympathizing.

[You will find in the thirty-fifth volume of the *Medical Gazette* a most interesting case of spinal paralysis, attended with much disturbance of the brain, detailed in a clinical lecture which I then gave on this subject. The history was drawn up by the patient, himself a medical man. He has since recovered from the paralytic affection, and that his mind was not injured, you will well understand when I tell you that he is one of the most intelligent contributors to Dr. Forbes Winslow's admirable *Psychological Journal*.]

The hesitation in his speech, and manner of speaking, was not unnatural to him, though, if new, it might have been considered indicative of disease. The paralytic affection being more marked on the right side of the body was in itself very suggestive of disease on one side; brain hemiplegic.

To those of my hearers who are young in the profession I may observe that, if we have disease on the left side of the brain, so certainly do we have paralysis on the opposite side of the body, and *vice versâ*. The anatomical reason for this you will soon discover in the decussation of the motor and sensory tracts in the medulla oblongata. But, my friends, you must not regard such a sign as deciding the question. You may have the disease so limited to one side of the spinal cord, and to the nerves of one side of the body, that hemiplegia may exist without cerebral disease; and such, I am happy to say, proved to be the case in this instance.

The cause of this hemiplegia appeared demonstrated a few days afterwards in the shape of a large swelling extending down the right side of the vertebral column, especially in the lumbar region. The history of the case also indicated the spinal cord and its nerves as the seat of mischief. We could not but remember that, at the time of the first accident, he had, though only for a short time, the same amount of paralysis. Having, then, determined that the lesion was of the spinal cord, not of the brain, we still had to determine whether the spinal cord was affected secondarily, through an injury or disease of the bones and invertebral substance, or through some disease of the ligaments. You have already observed, in the instance of the poor fellow whose case I related in my last lecture, how sensitive the spine is over the seat of disease, and I know no deviation from this rule. In a doubtful case, where there is no deformity to guide you to the seat of the disease, the locality is almost invariably detected by tapping the spine from the head to the tail. This should be done with great care. In some the diseased spot is exquisitely tender, and in all pain, or at least a jarring sensation, is perceived on reaching it. But in this case no amount of tapping over the bones of the vertebra elicited the slightest painful sensation.

The next point to decide, was the condition of the ligaments. This was tested by requiring our patient to twist his spine himself; or, in other words, to put first one set of ligaments on the stretch, and then another. These movements immediately gave him pain, more especially in the lumbar region. He could not rotate the upper part of the body on the lower without enduring, not merely pain, but sometimes positive spasm of the diaphragm, sometimes cramps in the glutei muscles and sometimes in the psoas. Pressure on the right side of the spinous processes of the eighth dorsal vertebra, where he said the spasm seemed to spring from, also was distressing to him.

In addition to the symptoms of paralysis which have been already mentioned, I must not omit to describe his condition in bed. He was so utterly unable to turn himself

over, or to raise himself from the recumbent position, without assistance, that a naval friend contrived a system of ropes and pulleys, by which his wife was able to hoist him up without assistance.

Having, then, decided on the seat of the disease, we had next to consider the extent and cause of the lesion. We could not but remember the accident in seeking for a cause. The paralysis which existed at that time, though very evanescent, was identical in extent and character. Still it was strange that it did not reappear earlier. The rheumatic diathesis served as an explanation to much which would otherwise have been mysterious. You must all know, that if any man who has had a sprain or an injury to a joint is attacked with rheumatism there, it is sure to find out the injured part, and first locate itself there. And so I believe in this case, which we now regarded as one of rheumatic inflammation of the ligaments of the spine causing some effusion into the vertebral canal, and consequently pressure either on the cord itself, or, more probably, on the nerves in their exit. The swelling on the right side of the spine confirmed this view. It was the serous effusion which we see always taking place in the neighbourhood of joints suffering from disease of ligaments or cartilages. We have two or three good illustrations of this fact in the hospital, more particularly of the knee-joint. The swelling is not caused by the enlargement of the tissues which are inflamed, but by serous infiltration of the cellular tissue which surrounds the joint. It was upon this view of the case that I made a deep incision through this swelling down to the spine; and the relief afforded by this "stab in the back," as my friend called it, was immense. From that time, the improvement in his paralytic symptoms may be first dated. But in explaining the pathology of the case, I am forestalling my account of our treatment.

His urine was loaded with lithates, and was evacuated easily; the action from the bowels was still leaden and scybalous, and only procured by constant purgatives and enemata. There were also frequent feelings of faintness, which induced him to take freely of stimulants. On examining the action of the ribs, it was found that they did not move freely, and that respiration was in a great measure performed by the diaphragm, whilst the stethoscope did not detect anything abnormal in the lungs or heart. The first medicine employed was the iodide of potassium, but without much improvement. Strychnine was next given in small doses, in compliance with the suggestion of one of his former attendants, but for only a few days, as it seemed to be prejudicial.

On the 26th of January, the caustic potash was applied to the neighbourhood of the eighth dorsal vertebra, and a slough, about the size of a florin, was the result; at the same time, hyoscyamus pill, four grains, with compound extract of colocynth, one grain, was given every night, and an occasional calomel and scammony pill as an aperient. The slough was more than nine weeks in separating. About the same time, also, attention was paid to his position whilst in the recumbent posture, and he found great comfort from one of Alderman's prone couches. The quantity of stimulants was much diminished; claret was substituted for the Spanish wines and beer. Under this plan of treatment the spasms became less frequent, the loss of power in the right side not so evident, and the power of voluntary expulsion from the rectum returned, the bowels acting, therefore, more regularly.

Feb. 29. The tongue, mouth, and throat presented several little ulcers, which teazed him, and somewhat increased his distaste for food, although he still ate heartily. His medicine was now changed for a short time for the nitro-muriatic acid; but on the 3d of March, as there was no improvement of his paralysis, the bichloride of mercury was given, whilst the compound iodine ointment was freely applied all over the back, especially upon the now considerably increased enlargement on the right side of the vertebral column. About this time he had a frequent, hard, and straining cough, with the occasional expectoration of a teaspoonful of blood. No source of this hemorrhage could be detected by stethoscopic examination; we therefore concluded that it came from some ulcer in the pharynx, of which we could see several in the throat. A soothing cough mixture was prescribed for this, and in a short time it subsided, as the ulcers healed, and it has never returned.

March 11. The first issue being nearly healed, a second application of the potassa fusa was made a little to the right side of the sixth cervical vertebra. The slough from this separated much more rapidly than on the previous occasion; at the same time,

the gums began to show evidence of mercurial action, and his general condition improved very much.

19th. We ordered one grain of iodide of mercury, and this was continued until May 28th, the gums being kept slightly tender. Aperients were given occasionally, when the bowels required them.

The rectum had now completely recovered its power, and his rest at night was very satisfactory. After the 5th of April, the back was painted with iodine regularly, so as to remove the cuticle frequently, and the potassa fusa applied for the last time to the lowest issue.

About the end of April, he began to complain rather more of the pains in his neck and back of the head, principally indicating the edges of the trapezius muscle. He also suffered more frequently from cramps of the thigh and glutei muscles. About this time swellings took place on the sternum, and over the sterno-clavicular and costal articulations, soft and fluctuating, evidently periosteal, not painful, but tender to the touch, and evidently still more interfering with the movements of the thorax. We combated the disease of the spine by the application of blisters to the nape of the neck, and very stimulating embrocations. The power of the legs kept gradually and more rapidly increasing, and with the relief he became more cheerful and more active.

The mercury was omitted on the 28th of May, and the guaiacum mixture with colchicum given three times daily; belladonna and opium freely rubbed in between the shoulders; occasional blisters applied to the chest, and at times a brisk purgative given. The improvement continued without any interruption, except that he suffered rather more pain with the changes of weather; but he was now able to take a good deal of exercise, and he walked without any appearance of paralysis.

Early in July he went to Buxton, but he did not derive much benefit from the baths on this occasion. Since he returned home, he has, however, been gradually improving, and has evidently derived benefit from the lemon-juice which he has taken since his return. In fact, he may now be considered convalescent as far as the paralysis is concerned, and the rheumatic poison is fast abandoning its varied position, so that in a short time I think the whole territory will be pronounced free from disease.

The practical instruction which you derive from this case is the fact that all cases of paralysis are not incurable; that your success, however, depends on a correct diagnosis, for there can be no doubt that if this case had been treated as one of those sad cases of general paralysis accompanied with general debility, by means of tonics, &c., that the disease would have been aggravated, and perhaps incurable. If, on the other hand, the paralysis had been entirely ignored, and the case treated as one of congestion of the liver and obstinate constipation, the spinal disease would have advanced unchecked, until the structure of the spinal cord had become irremediably disorganized by the pressure exercised by periosteal and ligamentous thickening, with serous effusion. If, on the other hand, it had been one of those cases of anæmic or asthenic paraplegia, which are so insidious and so obstinate, where there is no evidence of any disease of the protective apparatus of the spinal cord, then all our issues, blisters, iodine ointment, and other local counter-irritants, with the internal administration of mercury, would have rendered the disease still worse, and hastened the fatal tendency. In these cases, gentlemen, a correct diagnosis is everything, and the rarity of the case must be my excuse for its relation, in the hope of assisting you in recognizing its features, if such should, at any future time, present itself to you in practice.—*Lancet*, Dec. 20, 1856.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—We beg our readers to bear in mind that the Association will meet this year in Nashville, on the first Tuesday (5th) of May, and we trust that all the delegates who can conveniently attend will consider it their duty to do so. The Legislature of the State have granted the hall of the House of Representatives for the meeting of the Association.

The weather at the south at this season is sufficiently warm to be agreeable. It has been remarked, however, and perhaps with some justice, that when the meetings are held at the north a later period in the year would be preferable. The Annual Conven-

tion of the Connecticut Medical Society, held soon after the meeting of the Association, at Detroit, adopted a resolution recommending the Association to change the time for holding the annual meetings so that those held in the northern cities might take place at a later season of the year.

The Committee of the Physicians of Nashville, appointed to prepare and publish a list of the most practicable and commodious routes of travel, have given the following:—

"The list below embraces some of the first roads in the country, traversing picturesque and interesting regions. Delegates from *New England and Northeastern States* can reach this city by vessel from New York, Boston, or Philadelphia to Charleston, S. C., and thence by railroad, via Augusta, Ga., Atlanta, Ga., and Chattanooga, Tenn.; or from different points in that section, by railroad to Washington City, and thence *via* Richmond, Va., Weldon, N. C., Wilmington, N. C., Branchville, S. C., Augusta, Ga., Atlanta, Ga., and Chattanooga, Tenn. The western routes from that quarter are by steamboat from Pittsburg, or by railroads westward through New York, Pennsylvania, Ohio, and Indiana, to Louisville on the Ohio River, and thence by the United States mail line of large and splendid stage coaches (via Mammoth Cave, Ky.), through in 36 hours to this city; or from Louisville down the Ohio River to Smithland, Ky., and thence by steamboat packet line to this city.

"*From the Northwestern States*, by steamboat down the Mississippi River, and by the Illinois Central Railroad to Cairo, Illinois, and thence by steamboat packet line to this city.

"*From the Southwestern States*, by steamboats on the lower Mississippi and its tributaries, connecting at Memphis, Tenn., and Cairo, Illinois, with the packet lines plying to this city; or at Memphis with the Memphis and Charleston Railroad, *via* Huntsville, Ala., to Stevenson on the Nashville and Chattanooga Railroad to this city.

"*From the Southern and Southeastern States*, by the various railroads traversing Virginia, North Carolina, South Carolina, Georgia, and Alabama, and connecting with the Nashville and Chattanooga Railroad at Chattanooga, Tenn., and by the stage lines continuous with the Tennessee and Alabama Railroad, terminating in this city.

"As has been the custom at the various points at which the Association has held its meetings, the Committee trust to be able to effect an arrangement with the proprietors and superintendents of the various lines of travel owned in the city whereby a *liberal reduction of fare* will be granted to the delegates."

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Unique Obstetrical Case.—We extract the following marvellous narrative from a late number (March, 1857) of the *Nashville Jl. Med. and Surg.*):—

Decherd, Tenn., Jan. 15, 1857.

PROFS. BOWLING AND EVE:—Gentlemen, I send you a report of the following *unique obstetrical case*, as an example of what our mountain women can undergo with impunity, that you may contrast it with the cases occurring in your large cities, where woman is so far removed from a *state of nature*.

Mrs. H., a stout, healthy woman, about 25 years of age, the wife of a poor labouring man, and the mother of one child, became pregnant a second time, and the "*function* of labour" took place under the following circumstances:—

Having approached very near her full term, but not feeling any symptoms of labour, and being desirous of visiting her father, she, on the 26th of April last, walked to the house of her father, a distance of five miles, accompanied by her husband and child. The next morning they set out on their return home, and had not gone far before she began to experience symptoms that indicated the approach of labour, and the farther they travelled the stronger became the symptoms. Having arrived within one mile and a half of home, the pains became quite strong, and her husband insisted on her stopping at a neighbour's house near by, but she preferred going on and trying to get home before lying-in. The next mile of their way lay over what is known in the neighbourhood as "little mountain," which is a rough, rocky ridge, a few hundred feet high, situated some miles distant from the main range of Cumberland Mountains. As the party began the ascent of the mountain, a black cloud commenced rising above the horizon. The party continued to climb the mountain, the cloud continued to ascend the "steep of heaven," and the poor woman's pains continued increasing at an alarming rate. The party gained the summit of the mountain just as the cloud come over their heads,

and the woman's pains likewise gained their utmost intensity; and there, on the top of that rugged mountain, while the windows of heaven were "wide open," and the rain falling in torrents, while the thunder was shaking the mountain to its centre, and the wind was blowing a hurricane, the woman sat down at the root of a tree and gave birth to a *fine son*.

As soon as the worst of the storm had passed over, the husband left his wife and children, and went on in the direction of home, to the nearest neighbour's house, to procure some dry blankets, quilts, or something of the kind, for his wife. On his return back he met his wife—she had taken off her dress, and wrapped the child and after-birth up in it—the cord not yet being divided, and was *carrying it* on one arm, and leading the other child, making her way towards home. So much rain had fallen, that it was impossible for her to get home without wading in the water nearly to her knees for some distance. And before she could get home she had to cross a ten-rail fence, which she did with her babe in her arms. The balance of her way was over a newly-ploughed field, through which it was then very difficult to walk. A couple of ladies seeing her going home in so bad a condition, went to her house, and by *persuasion* they got her to bed. A gentleman of the vicinity soon came in, and after hearing the history of the labour, he asked the husband how he felt while his wife was in labour. He answered that he was greatly alarmed. The wife spoke up and said, that "she couldn't help being *tickled* to see how badly scared he was."

The next morning she got up and prepared breakfast for her family as usual, and has attended to her household affairs ever since, without any inconvenience.

The child was named Thomas Jefferson, and is still living and doing well.

Most respectfully,

Jos. C. Shapard.

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Naval Medical Examining Board.—This Board, recently in session in New Orleans, have reported the following candidates for Assistant-Surgeon in the Navy, as having passed a satisfactory examination: Algernon S. Garnett, of Va.; Frederick Van Bibber, of Va.; Jno. W. Sanford, Jr., of N. Carolina; H. B. Trist, of D. C.; Thos. J. Charlton, of Ga.; Charles Lownder, Jr., of Maryland; and Chas. E. Living, of S. Carolina.

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Medical Graduates in 1857.—We continue the list from our last number, p. 54.

Yale Medical College,	11
Rush Medical College	18
University of the City of New York,	112
New York Medical College,	31
St. Louis Medical College	44
Missouri Medical College,	31
Medical College of Virginia,	23
Rush Medical College,	41
Med. Depart. University of Michigan,	27
Medical College of Georgia (Augusta),	55

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Obituary Record.—We regret to see announced, in the Wheeling papers, the death of Dr. S. P. Hullichen, which took place on the 1st of April. Dr. H. had acquired great reputation as a dentist, and also as a surgeon, and was highly esteemed as a public spirited and honourable man.

A public meeting of the citizens of Wheeling was convened to concert measures to pay respect to his memory, at which resolutions were adopted expressive of the sentiments of the community, and in favour of erecting a monument in testimony of their respect for his memory.

The medical faculty of the city of Wheeling, the city council, and the Wheeling Hospital Association severally held meetings, at which resolutions were adopted, expressive of their regret at the death of Dr. H., and testifying respect for his memory.

FOREIGN INTELLIGENCE.

New Researches respecting the Supra-renal Capsules.—The *Moniteur des Hôpitaux* for the 10th of Feb. last, contains a letter from Dr. Brown-Sequard, dated Phila., 11th Jan., 1857, in which he relates some further investigations made by him in regard to the supra-renal capsules.

M. Philipeaux, in a note presented to the French Academy in November last, announced that when death takes place after the removal of the supra-renal capsules, this should be attributed not to the absence of the functions of these organs, but either to inflammation of the cellular tissue surrounding the kidneys, or to peritonitis, or

hepatitis, or to traumatic hernia of the intestines.

Dr. Brown-Séquard shows by experiments that such is not the case, and he arrives from them at the following conclusions:—

1. That if these organs are not essential to life, they are at least highly important.

2. That their functions are as important as those of the kidneys, for when they are removed, death occurs generally in a shorter time than after the removal of the kidneys.

If these conclusions are correct, he says, the fact verified by M. Philipeaux, that life may continue after the removal of both supra-renal capsules, depends probably on this, that the functions of the capsules may be performed by other organs when these are wanting. It is the same, then, with the capsules, as occurs with other glands the secretions of which are effected by other glandular organs. The congested condition of the thymus and thyroid, which is observed in animals deprived of their supra-renal capsules, seem to show that the former glands fulfil in a supplementary manner the functions of the latter, when these are deficient.

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Quinium.—At the meeting of the Imperial Academy of Medicine, on the 24th Feb. last, M. Robinet, on behalf of the committee on secret and new remedies, read a report on a new preparation of cinchona, named *quinium*. A memoir on this subject had been addressed to the academy by the agents, at Havre, of the house of Delondre. This preparation has been made from cinchona bark, which could not be employed for the manufacture of sulphate of quinine. —*Moniteur des Hôpitaux*, 3d March, 1857.

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Honey as an Excipient for Pills.—M. Thibault believes that much of the disappointment following the employment of pills arises from their, as ordinarily prepared, acquiring a degree of induration that prevents their solution, and enables them to traverse the alimentary canal unchanged. To prevent this he recommends the employment of honey: pills prepared with it, always remaining soft, however long they may be kept.—*Bulletin de Thérap.*

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Treatment of Erectile Tumours by Nitrate of Potash.—M. Mangenot, having accidentally heard of the dispersion of a cutaneous congenital nævus by means of the application of nitrate of potash, resolved to try its efficacy in the case of his own infant; the nævus, in this case, though small, increasing in size. The moistened finger was dipped in the powder, and the nævus gently rubbed with it. A small bulla, as observed in *herpes labialis*, was formed, and the tumour shrank away, so that one other application sufficed for its entire suspension. In four other cases the same results have followed the use of the nitrate of potash for nævi of the face; and in a fifth case, in which a nævus, 4 centimetres in diameter, existed on the shoulder, the same application removed it in two months.—*Bull. de Thérap.*, tome 52, p. 37.

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Amputation of the Cervix Uteri, by the Ecraseur.—Dr. McClintock has recently performed this operation in Dublin. Not half an ounce of blood was lost.

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Tannin in falling-off of the Hair.—Dr. Lintner, alluding to Dr. Landerer's recommendation of the employment of tannin as a remedy for falling-off of the hair, states that he has employed a somewhat similar formula with repeated success. Pure tannin gr. j, spt. saponis (a solution of Castile soap in spirit) ℥vj. This is well rubbed into the head every evening, some pure grease being applied in the morning. When the hair has ceased to fall off, the application may be continued once or twice a week.—*Buch. Rept.*

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Diseased Meat for Food.—In our last No. (p. 59), we gave an account of London sausages, which was not calculated to whet the appetite for that description of food. We shall now present some statements which have recently been made with regard to the character of the meat, sometimes offered for sale in the London markets. We are persuaded that what is here stated will apply, to a greater or less extent, to the meats sold in most large cities. Independently of the disgust which must be felt at the idea of eating such food, it must be productive of disease in those who partake of it. The great Hebrew lawgiver was fully aware of this, and wisely enacted rigid and effectual laws to protect his people from using such meats. In many large cities, feeble attempts have been made at such a sanatory measure by the appointment of inspectors, but their utter inefficiency in

demonstrated by the revelations of Mr. Gamgee and others. That some further means of protection should be adopted is loudly demanded, and most earnestly would we call the attention of the authorities to the subject.

It is known that some years ago carcasses of cattle which had died at the west from milk sickness, or trembles (a disease peculiar to certain new districts at the west), were salted and sold at the south, and that those who partook of it seriously suffered in health. At the present time an epidemic prevails among hogs at the west, and it is said that the carcasses of those which die of it are prepared for sale. On the continent of Europe a disease or murrain is now prevailing among the horned cattle, and should it extend to this country the cupidity of traders will doubtless tempt them to a similar course.

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Diseased Meat in London, and the Cattle Epidemic. Danger to the Public Health.—Mr. J. S. Gamgee, in an article in a recent number of the *Lancet* (March 21), makes the following statement:—

"On Monday morning last, the 16th inst. (March), I proceeded to the New Cattle-Market in Copenhagen Fields, to inspect the live and slaughtered cattle. The live beasts were generally extremely well-conditioned and thoroughly sound; but standing amongst them were *three diseased beasts*. One of these was emaciated and hidebound, with *abscesses* in various parts of the body, particularly over the region of the head and neck. From the clinical observations I made on diseased cattle nine years ago, I believe this case was most probably one of pyæmia following typhoid fever. A second beast was in ill health—viz., thin and feverish, but I could not make a precise diagnosis. The third diseased beast was a fat one; it was lying down, moaning, looking round anxiously at its flanks; pulse 110; respiration 45; pleuro-pneumonia.

"I now proceeded to the slaughter-house of the market. In that slaughter-house I saw five carcasses, three of oxen, two of sheep. One of the latter was of magnificent shape and condition, so far as fat was concerned; but the whole carcass had a uniform dusky red colour, evidently the result of a general infiltration with blood serosity. The carcass having been trimmed and completely dressed for the butcher, I had no means of inspecting the viscera. Two of the oxen were much emaciated, and had apparently died from typhus or typhoid fever; they presented numerous bloody extravasations in the subcutaneous, intermuscular, and sub-pleural cellular tissues. I should have required to see the intestines, in order to state accurately the nature of the disease, but those viscera had been removed. The third oxen was large; moderately fat; pleuro-pneumonic. I carried away the lungs of this beast; they were infiltrated with solidified plastic matter in almost their whole extent; so that, whereas their average weight should have been about eight pounds, it was twenty-seven pounds. The disease was in its acute stage. Although the carcass had been very skilfully trimmed and dressed, the flesh in the walls of the chest and abdomen bore unmistakable marks of disease. The slaughterman stated that these carcasses would be conveyed to the city markets, where they would be *sold as food*. In his opinion, those carcasses were not diseased, nor would they be considered such by the city meat inspectors. He even maintained that the lungs were not diseased; he said that they only contained congealed healthy blood!

"I proceeded, on the 17th inst., to the Mansion-house, with a portion of the above diseased lungs, and of a healthy lung, to demonstrate the difference. I was not permitted to make a statement of the facts in open court, the clerk stating such a course could not be pursued. As the lord-mayor did not sit in court yesterday, I took the liberty of sending in my card to his lordship, with a prayer for an interview, which was most graciously granted; but his lordship could not, in his capacity as magistrate, hear my verbal statement, and he suggested that I might take out a summons against any guilty party, or submit to him a written statement, which he would forward to the City Markets Commission. I sincerely thanked his lordship, and applied in the Court for a summons against Thomas William Fairey, the slaughterman whose name was painted on the door of the building in the New Cattle Market, wherein I saw the diseased carcasses, and whence I had carried away the lungs; being careful, however, to obtain full evidence that these lungs had belonged to a beast slaughtered and hung up as fit for human food, by a servant of the said Thomas William Farey.

But the summons against this individual was not granted me, on the plea that the New Cattle Market, in Copenhagen Fields, is not in the city police district, but in a totally different one, in which jurisdiction was exercised by the magistrate sitting in Clerkenwell. His worship received me most kindly, and with great pains examined with me the acts of Parliament under which we might summons Thomas William Farey. His worship stated that the case was new to him, that he did not feel that he had any jurisdiction under the circumstances; but he pressed me to continue my researches, with the certainty of their being of great public utility.

"The amount of diseased meat sold in London is enormous. Sanitary legislation, with reference to this particular subject, is defective in principle, in so far as it is based on insufficient knowledge; it is useless in practice, in so far as intrusted for execution to a very few persons, neither fitted by education nor station to protect the public health. I shall demonstrate the whole nature and extent of this gigantic evil; point out the errors in legislation, errors of omission and commission; and propose simple, economical measures, which, if immediately carried into effect, will arrest the evil all but *instanter*. Inspectors, competent in knowledge, and sufficient in number, must be appointed at all ports of importation, and at all live and dead meat markets; these inspectors must be professional men, who can distinguish between simple pneumonia, epidemic pleuro-pneumonia, typhoid fever, and pestilential typhus, to all of which diseases cattle are extensively subject. These inspectors must be men of energy, and the work must be begun immediately and thoroughly. All private slaughter-houses in large cities—in London especially—must be abolished. Public slaughter-houses must be established; they will pay their own expenses, and sufficient guarantees can then be given that only healthy beasts shall be killed and distributed to the population."

At a meeting of the Medical Society of London, Mr. J. S. Gamgee exhibited specimens of the disease which he had obtained the day previously from carcasses slaughtered at the New Cattle Market as fit for human food. He also exhibited a water-colour drawing, executed by Professor John Gamgee, of a large clot of blood extravasated in the glutei muscles of a cow that had died with typhus fever. Numerous such sanguineous extravasations had taken place in various parts of the body, and were cut away by the slaughterer; the fore-quarters were then sent to a butcher's shop at the East-end of London, and the hind quarters (most damaged) to a sausage-maker. Mr. Gamgee had visited Newgate Market that afternoon, and seen an enormous quantity of diseased and half-putrid meat offered for sale there. The inspectors of the market were nowhere to be found; and the nefarious traffic was proceeding without the least attempt at concealment. Mr. Gamgee commented on the great defects in the law relating to the inspection of markets, and on the certainty that the blood and parasitic diseases of animals used as food, must produce a marked depressing effect on the ratio of human life.—*Lancet*, March 28, 1857.

Mr. H. H. Rugg, in a communication to the *Lancet* (March 28), says: "Having visited almost every slaughter-house and cow-shed in London, I can fully corroborate Mr. Gamgee's statement in the *Lancet* of the 21st inst., as to the quantity of diseased meat consumed in this metropolis. In my pamphlet on the Adulteration of London Milk, published some years since, I stated that one slaughterer in London took annually £200 from one man for slaying diseased cows, their flesh being consumed by the poor. Many of the large cow-keepers slaughter their diseased cows on their own premises, so that they are not seen in any market of live-stock. I am sorry to say that not the least reformation has taken place since that period."

The *Scotsman* contains a statement from Mr. Holland, Government inspector, who is at present making an inquiry into the "advantages and disadvantages" of the celebrated Mater Meadows at Edinburgh, his attention having been called to the unhealthfulness of the cows fed upon the grass of the meadows. Mr. Holland, in his opening remarks, says: "It appears undoubted that cows do suffer an unusual amount of illness, but I incline to attribute that to other circumstances than peculiarity of food. The chief of these are overcrowding, defective ventilation, and excessive dirtiness—influences which are apt to be unusually injurious to animals very highly fed in order to produce large supplies of milk." He then says: "I noticed in a

letter by Mr. Gamgee, published in the *Scotsman* of February the 28th, that that gentleman estimates the loss of cows from sickness at about 30 per cent., which is not, I think, an over-estimate, enormous as it appears; for I find the dairymen are in the habit of killing off all their cows soon after they become dry, and I noticed that a large proportion—perhaps one in ten or twelve—of those which I saw were evidently suffering from disease. It is but fair to assume that the cows which do become diseased are first selected to send to the slaughter-house. That this is the case I have received confirmatory evidence. It is possible, as is asserted by the fleshers, that many diseases do not render the flesh of animals unfit for food; but many diseases certainly do render it unwholesome, and almost all must impair its nutritive qualities. The latter being the case, the unqualified sale of such meat is evidently a fraud on the buyer; nor must we conclude that because much flesh of diseased animals is eaten without apparent injury, that that practice is free from danger, for the history of all epidemics proves that many more than the actual sufferers may be exposed to the cause of disease. It would be surely prudent to adopt every means within our reach—first, for ascertaining which, if any, of the diseases of cattle do not render meat dangerous for food; and secondly, rigidly to exclude from the market all which such injury leads us to condemn. It is clear that such research is far beyond the ability of an ordinary flesher, however experienced; besides which, such a person is likely to have sympathy with those whose malpractices he ought to control—nor would his decisions, if adverse, be so readily submitted to by them as those of a scientific man would be. I am informed that diseases involving the liver, even when amounting to abscess, are not considered by the fleshers to render the meat unfit for human food. Now, we know that cattle are very subject to the attacks of parasites, which chiefly accumulate in the liver. These are hydatids, or bladder-worms; and we are told upon high authority that these parasites develop into tape-worms on entering the systems of other animals. Men are, indeed, less liable to be thus injured, inasmuch as their meat is generally cooked; but abundant facts are at hand to prove that imperfect cooking may fail to destroy the vitality of the embryo tape worm." Mr. Holland then observes: "I find it very hard to believe that animals dying with extensive disease of the liver can yield wholesome flesh. At all events, all will agree that as long as there is any doubt about the matter, such meat should not be unconditionally offered for public sale. There is, perhaps, one exception, viz., fluke in the liver, which is prevalent in the great majority of sheep slaughtered, and its innocence, so far as the flesh is concerned, may be assumed." In conclusion, he says: "Edinburgh offers unusual facility for bringing all the meat under examination, and thereby excluding from its market all that is improper. No meat is allowed to be slaughtered in the city except at one place, and all cattle there slaughtered might, at little expense of labour, be carefully examined by persons accustomed to zootomical research, and well acquainted with the morbid appearances of animals. Such persons could therefore easily separate the unquestionably wholesome from the doubtful and injurious meat, and, by carefully conducted inquiries, determine whether any of that meat described as doubtful may be safely used with common cooking, or could be made safe by any peculiar process."

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Disease among Cattle.—Advices from Konigsberg give unfavourable accounts regarding the cattle disease, which during the past two years has manifested itself in Poland and other parts of Russia, and which now threatens to spread to Germany. For a short time during last autumn there seemed to be some abatement in the distemper, but it has again become very virulent. It seizes the animals suddenly; and after severe trembling and purging they die within four-and-twenty hours. One proprietor lately lost 300 head in a single night. It attacks cattle exclusively, and does not communicate itself to sheep or any other kind of stock. Every effort is used to prevent infection, and detachments of military are charged to destroy and bury all that become affected. On the Prussian frontier a strict quarantine is enforced; but it has already made its appearance in some villages, and the authorities have ordered that if even only one of a herd be attacked the whole are to be slaughtered. The recent progress of the disease northward towards St. Petersburg has been a chief cause lately in the advance of the tallow-market.—*British Med. Journ.*, Feb. 21, 1857.